

# Model Clinical Evaluation Report

State of	In the Probate Court of
County of	File No.
In the Matter of:	

## 1. PHYSICAL AND MENTAL CONDITIONS

### A. List Physical Diagnoses:

Overall Physical Health: ☐ Excellent ☐ Good ☐ Fair ☐ Poor  
 Individual's Rating of Health: ☐ Excellent ☐ Good ☐ Fair ☐ Poor  
 Physical Health will likely: ☐ Improve ☐ Be stable ☐ Decline ☐ Uncertain

### B. List Mental (DSM) Diagnoses:

Overall Mental Health: ☐ Excellent ☐ Good ☐ Fair ☐ Poor  
 Individual's Rating of Health: ☐ Excellent ☐ Good ☐ Fair ☐ Poor  
 Overall Mental Health will likely: ☐ Improve ☐ Be stable ☐ Decline ☐ Uncertain

**Focusing on the diagnose(s) most impacting functioning and capacity, describe *relevant* history with examples of impact of symptoms on functioning and capacity**

### C. Current Medication

Individual manages medication independently or accepts necessary assistance/supervision  
☐ Yes ☐ No ☐ Uncertain

**Individual takes one or more medications that may impair mental functioning**

☐ Yes ☐ No ☐ Uncertain

Explain:

**D. Reversible Causes.** Have temporary or reversible causes of mental impairment been evaluated and treated? (For example, acute illness, delirium) ☐ Yes ☐ No ☐ Uncertain

Explain:

**E. Mitigating Factors.** Are there mitigating factor that cause the person to appear incapacitated and could improve with time, treatment, or assistive devices? ☐ Yes ☐ No ☐ Uncertain

Explain:

**2. COGNITIVE AND EMOTIONAL FUNCTIONING** Describe below. Include the individual's strengths and weaknesses.

**A. Alertness/Level of Consciousness**

Overall Impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Non-Responsive  
Alertness will likely ☐ Improve ☐ Be stable ☐ Decline ☐ Fluctuate ☐ Uncertain

**B. Memory and Cognitive Functioning**

Overall Impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe

Describe below or ☐ in Attachment

**C. Emotional and Psychiatric Functioning**

Overall Impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe

Describe below or ☐ in Attachment

**D. Fluctuation.**

Symptoms vary in frequency, severity, or duration:

☐ Yes ☐ No ☐ Uncertain

If mental status is fluctuating significantly, is this likely to change sufficiently to impact function?

☐ Yes ☐ No ☐ Uncertain

**3. In my opinion, regarding physical and mental conditions, mitigating factors and cognitive and emotional functioning, improvement is possible and improvement will likely improve functioning**

☐ Yes ☐ No ☐ Uncertain

**(If yes or uncertain), this individual should be re-evaluated in \_\_\_\_\_ weeks, or \_\_\_\_\_ months.**

Please describe rationale in two or three sentences:

**3. EVERYDAY FUNCTIONING.**

**A. Activities of Daily Living (ADL'S)**

**Ability to Care for Self** (bathing, grooming, dressing, walking, toileting, etc.)

Level of Function:

- ☐ manages without supervision or assistance
- ☐ manages or could manage with supervision or assistance of support
- ☐ unable to manage without the supervision of a guardian

**Give example(s):**

**B. Instrumental Activities of Daily Living (IADL'S) (Complete supporting documents)**

**Financial Decision-Making** (bills, donations, investments, real estate, wills, protect assets, resist fraud, etc.)

- ☐ can manage without supervision or assistance
- ☐ could manage with supervision or assistance of support services
- ☐ unable to manage without the supervision of a guardian

**Give example(s):**

**Medical Decision-Making** (express a choice and understand, appreciate, reason about health info, etc.)

- ☐ can manage without supervision or assistance
- ☐ could manage with supervision or assistance of support
- ☐ unable to manage without the supervision of a guardian

**Give example(s):**

**Care of Home and Functioning in Community** (manage home, health, telephone, mail, drive, etc.)

- ☐ can manage without supervision or assistance
- ☐ could manage with supervision or assistance of support services
- ☐ unable to manage without the supervision of a guardian

**Give example(s):**

**Other Relevant Civil, Legal, or Safety Matters** (sign documents, vote, retain counsel, etc.)

- ☐ can manage without supervision or assistance
- ☐ could manage with supervision or assistance of support services
- ☐ unable to manage without the supervision of a guardian

**Give example(s):**

#### 4. VALUES AND PREFERENCES. RATIONALE for this section

<input type="checkbox"/> The person's capacity reflects the consistency of choices with his/her life patterns, expressed values, & preferences. <b>Choices that are linked with lifetime values are rational for that person even if they are outside the norm.</b>	<input checked="" type="checkbox"/> How does culture influence the person's values & preferences?
<input type="checkbox"/> Values are important for assessing capacity and for determining a plan for guardianship or alternatives to guardianship.	<input checked="" type="checkbox"/> How does the person's role in family, work, & leisure determine his/her values?
<input type="checkbox"/> The person's core values may affect his/her (a) choice of guardian or another person to assist and (b) preferences about medical decisions, financial decisions, & living arrangements.	<input checked="" type="checkbox"/> What is important to the person? What means the most to him/her?
	<input checked="" type="checkbox"/> What are the person's beliefs & values?

If the person proposed for guardianship is unable to engage in a conversation about values and preferences, please provide historical information from a knowledgeable informant that reflect values and preferences.

##### **Values about guardianship**

Does the person want a guardian?

If yes, who does the person want to be guardian? Why?

**Preferences for how decisions are made** (Historically or presently, does the individual prefer decisions be made alone or with others?)

**Preferences for habitation** (Where does the person want to live?  
What is important to the individual in a home environment?)

**Goals and Quality of Life** What makes life good or meaningful for the individual?

What have been the individual's most valued relationships and activities?

**Concerns, Values, Religious Views** (Historically or presently, what matters most to the person in making decisions: – e.g., concern for the well-being of family, concern for preserving finances, worries about pain, concern for maintaining privacy, desire to be near family, living as long as possible, etc.?)

Are there important religious beliefs or cultural traditions?

What are the individual's strong likes, dislikes, hopes, and fears?

## 5. RISK OF HARM AND LEVEL OF SUPERVISION NEEDED

1. Risk of Harm & Supervision Needed	<input type="checkbox"/> Most state laws require that the guardianship is necessary to provide for the <b>essential needs</b> of the person because there are no other feasible options so that imposing guardianship is the least restrictive alternative for addressing the proven <b>substantial risk of harm</b> . <input type="checkbox"/> Social & environmental supports may decrease the risk. Lack of supports may increase the risk. So <b>risk is determined not only by the condition itself but by consideration of the adequacy &amp; availability of supports in the environment</b> . <input type="checkbox"/> The level of supervision is determined by the judge & must match the risk of harm to the person & the corresponding level of supervision required to decrease that risk. <input type="checkbox"/> Sometimes, risk is low & can be addressed with a less restrictive alternative or limitation to guardianship. Sometimes less restrictive alternatives have failed or are inappropriate so that a full guardianship is needed.	<input checked="" type="checkbox"/> Is the environment and situation safe? <input checked="" type="checkbox"/> Is the person him/herself safe in the environment and situation?
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**A. Nature of Risks.** Describe the significant risks facing this person *in the current environment*. Include an assessment of the **severity** of harm that would be experienced and of the **likelihood** of its occurrence. If a change in the environment is expected, comment on how this changes the risk, severity and likelihood of occurrence.

Are these risks due to this person's condition and/or due to another person harming or exploiting him or her. Explain

**Social Factors.** What other factors (persons, supports, environment) could **decrease** or **increase** the **risk(s)**.

**Level of Supervision Needed. *In my clinical opinion:***

- ☐ Locked facility    ☐ 24-hr supervision    ☐ Some supervision    ☐ No supervision

**B. Least restrictive form of guardianship needed. *In my clinical opinion:***

Promoting well-being and protecting this individual from violations of his or her human and civil rights could be met by:

- ☐ Less Restrictive Alternatives (Check all that apply)

**Community Resources/Unpaid Supports:**

- Increased support from family and friends
- Statement of consent to keep parents involved
- Community agencies: e.g. AAA, Meals on Wheels
- DHHS programs and case workers

**Money Management Strategies w/o court order:**

- Representative payee
- Bill payment services
- Joint checking accounts

**Other Alternatives:**

- Mediation to help resolve a dispute

**Common Legal Arrangements:**

- Living will
- Special needs trust
- Advance directive – mental health or medical
- Power of attorney – medical or financial

**Limited or Temporary Guardianship:**

- Limited or temporary medical guardianship
- Limited or temporary residential guardianship
- Limited guardianship can be tailored to address an individual's needs based on what is requested in court.

- ☐ Full guardianship    If checked, explain why less restrictive alternatives would not be sufficient

**6. TREATMENTS AND HOUSING.** The individual's capacity for self-determination and self-reliance might be enhanced the following interventions:

Education, training, or rehabilitation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
Mental health treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
Occupational, physical, or other therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
Home and/or social services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
Assistive devices or accommodations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
Medical treatment, operation or procedure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain

Describe any specific recommendations:

**7. ATTENDANCE AT HEARING**

The individual can attend the hearing ☐ Yes ☐ No ☐ Uncertain

If no, what are the supporting facts:

If yes, how much will the person understand and what accommodations are necessary to facilitate participation:

## 8. CERTIFICATIONS\*

I am a ☐ Physician ☐ Psychologist ☐ Other qualified professional

Office Address:

Office Phone:

This form was completed based on:

- ☐ an examination for the purpose of capacity assessment  
☐ my general clinical knowledge of this patient

Prior to the examination, I informed the patient that communications would **not** be privileged:

- ☐ Yes  
☐ No

Date of this examination or the date you last saw the patient:

Time spent in direct examination:

Time spent in gathering data, interviewing informants

Time spent writing, dictating or otherwise executing this report.

Other sources of information for this examination:

- ☐ Review of medical record  
☐ Discussion with health care professionals involved in the individual's care  
☐ Discussion with family or friends  
☐ Other

I hereby certify that this report is complete and accurate to the best of my information and belief. I further testify that I am qualified to testify regarding the specific functional capacities addressed in this report, and I am prepared to present a statement of my qualifications to the Court by written affidavit or personal appearance if directed to do so.

SIGNATURE of CLINICIAN

\_\_\_\_\_ DATE \_\_\_\_\_

Print Name \_\_\_\_\_

License type, \_\_\_\_\_ number, \_\_\_\_\_ and date \_\_\_\_\_



## Supplemental Documents

### List all Medications

Name

Dosage/Schedule

List any tests which bear upon the issue of incapacity, the findings and date of tests:

## Supplemental Attachment/Links for Clinical Evaluation Report

These rating categories MAY be used in more complex cases when more detail is DESIRED by the clinician or court.

### Cognitive Functioning

1. **Sensory Acuity** (detection of visual, auditory, tactile stimuli)  
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.  
Describe:
2. **Motor Activity and Skills** (active, agitated, slowed; gross and fine motor skills)  
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.  
Describe:
3. **Attention** (attend to a stimulus; concentrate on a stimulus over brief time periods)  
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.  
Describe:
4. **Working memory** (attend to verbal or visual material over short time periods; hold  $\geq 2$  ideas in mind)  
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.  
Describe:
5. **Short term/recent memory and Learning** (ability to encode, store, and retrieve information)  
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.  
Describe:
6. **Long term memory** (remember information from the past)  
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.  
Describe:
7. **Understanding** ("receptive language"; comprehend written, spoken, or visual information)  
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.  
Describe:
8. **Communication** ("expressive language"; express self in words, writing, signs; indicate choices)  
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.  
Describe:

**9. Arithmetic** (understand basic quantities; make simple calculations)

Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.

Describe:

**10. Verbal Reasoning** (compare two choices and to reason logically about outcomes)

Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.

Describe:

**11. Visual-Spatial and Visuo-Constructional Reasoning** (visual-spatial perception, visual problem solving)

Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.

Describe:

**12. Executive Functioning** (plan for the future, demonstrate judgment, inhibit inappropriate responses)

Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.

Describe:

## Emotional and Psychiatric Functioning

1. **Disorganized Thinking** (rambling thoughts, nonsensical, incoherent thinking)  
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.  
Describe:
2. **Hallucinations** (seeing, hearing, smelling things that are not there)  
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.  
Describe:
3. **Delusions** (extreme suspiciousness; believing things that are not true against reason or evidence)  
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.  
Describe:
4. **Anxiety** (uncontrollable worry, fear, thoughts, or behaviors)  
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.  
Describe:
5. **Mania** (very high mood, disinhibition, sleeplessness, high energy)  
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.  
Describe:
6. **Depressed Mood** (sad or irritable mood)  
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.  
Describe:
7. **Insight** (ability to acknowledge illness and accept help)  
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.  
Describe:
8. **Impulsivity** (acting without considering the consequences of behavior)  
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.  
Describe:
9. **Noncompliance** (refuses to accept help)  
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.  
Describe:

### Care of Self (Activities of Daily Living (ADL's)) and related activities

**Financial** (If appropriate note dollar limits)

## Medical

## Home and Community Life

## Civil or Legal

Retain legal counsel  
Vote  
Make decisions about legal documents  
Other: